

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 7/1/2005 , and ending 6/30/2006														
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 10%; vertical-align: top; font-size: 0.8em;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization St. John's Educational Thresholds Center</td> <td>D Employer identification number 23-7172909</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 415-864-5205</td> </tr> <tr> <td>3040 16th Street</td> <td>City or town State or country ZIP + 4</td> <td>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</td> </tr> <tr> <td>San Francisco CA 94103</td> <td colspan="2"></td> </tr> </table> <p>● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Website: ▶ www.sjetc.org</p> <p>J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.</p> <p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,634,132</p>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St. John's Educational Thresholds Center		D Employer identification number 23-7172909	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number 415-864-5205	3040 16th Street	City or town State or country ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	San Francisco CA 94103		
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	San Francisco CA 94103													

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <table style="width: 100%;"> <tr> <td style="width: 5%;">a Direct public support</td> <td style="width: 10%;">1a</td> <td style="width: 45%; text-align: right;">518,970</td> <td style="width: 5%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td>b Indirect public support</td> <td>1b</td> <td style="text-align: right;">0</td> <td></td> <td></td> </tr> <tr> <td>c Government contributions (grants)</td> <td>1c</td> <td style="text-align: right;">1,092,928</td> <td></td> <td></td> </tr> <tr> <td>d Total (add lines 1a through 1c) (cash \$ 1,611,898 noncash \$ 0)</td> <td>1d</td> <td></td> <td></td> <td style="text-align: right;">1,611,898</td> </tr> </table> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 11,791</p> <p>3 Membership dues and assessments 3 0</p> <p>4 Interest on savings and temporary cash investments 4 0</p> <p>5 Dividends and interest from securities 5 0</p> <p>6a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss) (subtract line 6b from line 6a) 6c 0</p> <p>7 Other investment income (describe) 7 0</p> <table style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">(A) Securities</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">(B) Other</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>8a Gross amount from sales of assets other than inventory</td> <td></td> <td style="text-align: right;">10,443</td> <td>8a</td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b Less: cost or other basis and sales expenses</td> <td></td> <td style="text-align: right;">11,050</td> <td>8b</td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c Gain or (loss) (attach schedule) Stmt 3</td> <td></td> <td style="text-align: right;">-607</td> <td>8c</td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d Net gain or (loss) (combine line 8c, columns (A) and (B))</td> <td>8d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">-607</td> </tr> </table> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <table style="width: 100%;"> <tr> <td style="width: 5%;">a Gross revenue (not including \$ 0 of contributions reported on line 1a)</td> <td style="width: 10%;">9a</td> <td style="width: 45%; text-align: right;">0</td> <td style="width: 5%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td>b Less: direct expenses other than fundraising expenses</td> <td>9b</td> <td style="text-align: right;">0</td> <td></td> <td></td> </tr> <tr> <td>c Net income or (loss) from special events (subtract line 9b from line 9a)</td> <td>9c</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> </table> <p>10a Gross sales of inventory, less returns and allowances 10a 0</p> <p>b Less: cost of goods sold 10b 0</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 0</p> <p>11 Other revenue (from Part VII, line 103) 11 0</p> <p>12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 1,623,082</p>	a Direct public support	1a	518,970			b Indirect public support	1b	0			c Government contributions (grants)	1c	1,092,928			d Total (add lines 1a through 1c) (cash \$ 1,611,898 noncash \$ 0)	1d			1,611,898			(A) Securities		(B) Other					8a Gross amount from sales of assets other than inventory		10,443	8a	0					b Less: cost or other basis and sales expenses		11,050	8b	0					c Gain or (loss) (attach schedule) Stmt 3		-607	8c	0					d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d							-607	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0			b Less: direct expenses other than fundraising expenses	9b	0			c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0								
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Expenses	13 Program services (from line 44, column (B)) 13 1,345,427	14 Management and general (from line 44, column (C)) 14 213,410	15 Fundraising (from line 44, column (D)) 15 56,539	16 Payments to affiliates (attach schedule) 16 0	17 Total expenses (add lines 16 and 44, column (A)) 17 1,615,376																																																																																				
	18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 7,706	19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 140,173	20 Other changes in net assets or fund balances (attach explanation) 20 0	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 147,879																																																																																					

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . See Stmt 4 (cash \$ 15,886 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22 15,886	15,886		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 94,664		94,664	
26	Other salaries and wages	26 846,544	774,748	23,664	48,132
27	Pension plan contributions	27 0			
28	Other employee benefits	28 93,549	77,510	14,083	1,956
29	Payroll taxes	29 86,345	75,118	8,994	2,233
30	Professional fundraising fees	30 0			
31	Accounting fees	31 8,774		8,774	
32	Legal fees	32 0			
33	Supplies	33 43,460	41,507	1,936	17
34	Telephone	34 10,617	8,480	1,686	451
35	Postage and shipping	35 2,701	1,070	198	1,433
36	Occupancy	36 32,418	6,380	25,834	204
37	Equipment rental and maintenance	37 15,292	11,392	3,900	
38	Printing and publications	38 9,000	6,592	1,761	647
39	Travel	39 8,965	6,147	1,931	887
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 6,977		6,977	
42	Depreciation, depletion, etc. (attach schedule) See Stmt 1	42 0	0	10,010	0
43	Other expenses not covered above (itemize):				
a	Insurance	43a 18,248	16,210	2,038	0
b	Dues, licenses and service fees	43b 6,260	0	6,260	0
c	Other professional services	43c 232,502	231,977	0	525
d	Incentives and stipends	43d 60,241	60,241	0	0
e	Field trips	43e 9,131	9,131	0	0
f	Miscellaneous	43f 3,792	3,038	700	54
g	43g		0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,605,366	1,345,427	213,410	56,539

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>To provide educational programming for youth and the community</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>p. <u>Provided year round youth development programming, including leadership cultural enrichment and academic support to over 1200 children and youth ages 5-18. In addition we engaged over 200 parents and caregivers from the community in support of our youth development objectives.</u></p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,345,427</p>
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>1,345,427</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	76,244	45	57,611	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 0			
	b Less: allowance for doubtful accounts	47b 0	89,348	47c 0	
	48 a Pledges receivable	48a 0			
	b Less: allowance for doubtful accounts	48b 0	0	48c 0	
	49 Grants receivable		49	218,688	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0	
	51 a Other notes and loans receivable (attach schedule)	51a 0			
	b Less: allowance for doubtful accounts	51b 0	0	51c 0	
	52 Inventories for sale or use		1,064	52 1,064	
	53 Prepaid expenses and deferred charges		5,154	53 3,371	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		7,863	54 892	
	Liabilities	55 a Investments—land, buildings, and equipment: basis	55a 0		
b Less: accumulated depreciation (attach schedule)		55b 0	0	55c 0	
56 Investments—other (attach schedule)			0	56 0	
57 a Land, buildings, and equipment: basis		57a 166,245			
b Less: accumulated depreciation (attach schedule) . . See Statement 1		57b 154,832	18,204	57c 11,413	
58 Other assets (describe <input type="checkbox"/>)			0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58			197,877	59 293,039	
Net Assets or Fund Balances		60 Accounts payable and accrued expenses		57,704	60 68,611
		61 Grants payable			61
		62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0	
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0	
	b Mortgages and other notes payable (attach schedule)		0	64b 76,549	
	65 Other liabilities (describe <input type="checkbox"/>)		0	65 0	
66 Total liabilities. Add lines 60 through 65		57,704	66 145,160		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		24,044	67 87,885	
	68 Temporarily restricted		116,129	68 59,994	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		140,173	73 147,879		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		197,877	74 293,039		

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,623,082
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,623,082
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	1,623,082

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,615,376
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,615,376
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	1,615,376

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>La Vois Hooks</u> Str <u>3040 16th Street</u> City <u>San Francisco</u> ST <u>CA</u> ZIP <u>94102</u>	Title Executive Director Hr/WK 40	49,748	8,955	0
Name <u>Jim Kaufman</u> Str City <u>San Francisco</u> ST <u>CA</u> ZIP <u>94102</u>	Title Interim Executive Director Hr/WK 40	17,709	1,614	0
Name <u>Ellen French</u> Str <u>3040 16th Street</u> City <u>San Francisco</u> ST <u>CA</u> ZIP <u>94102</u>	Title Associate Director Hr/WK 15	27,207	2,720	0
Name <u>Board of Directors</u> Str City <u>See Statement 2</u> ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	x
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	x
d	Does the organization have a written conflict of interest policy?	75d	x

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>None</u> Str City ST ZIP		0	0	0
Name _____ Str City ST ZIP				
Name _____ Str City ST ZIP				
Name _____ Str City ST ZIP				
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Name _____ Str City ST ZIP				
Name _____ Str City ST ZIP				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	x
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	x
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	x
b	If "Yes," enter the name of the organization ► <u>N/A</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b	Did the organization file Form 1120-POL for this year?	81b	x

Part VI Other Information (continued)

Table with columns for question number, question text, Yes, and No. Includes questions 82a through 92 regarding organizational expenses, lobbying, and charitable status.

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Contract revenue					11,791
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	-607	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		-607	11,791
105 Total (add line 104, columns (B), (D), and (E))					11,184

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Revenue received in exchange for peer resource services.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date 12/12/2007 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 Crosby & Kaneda, Certified Public Accountants 1611 Telegraph Ave., Ste 318 Oakland, CA 94612

Preparer's SSN or PTIN (See Gen. Inst. W) 94-3243888

EIN 94-3243888

Phone no. 510-835-2727

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

St. John's Educational Thresholds Center

Employer identification number

23-7172909

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See 990, Part V	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____ City _____ ST _____ Country _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,483,818	1,288,702	1,520,224	1,496,595	5,789,339
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	268	84	76	250	678
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,405	43	6,171	2,963	10,582
23 Total of lines 15 through 22	1,485,491	1,288,829	1,526,471	1,499,808	5,800,599
24 Line 23 minus line 17	1,485,491	1,288,829	1,526,471	1,499,808	5,800,599
25 Enter 1% of line 23	14,855	12,888	15,265	14,998	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24 ▶					26a 116,012
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . ▶					26b 143,988
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 5,800,599
d Add: Amounts from column (e) for lines:	18	19	20	21	
678	0				
10,582	143,988				
e Public support (line 26c minus line 26d total) ▶					26e 5,645,351
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 97.32%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2004) 0 (2003) 0 (2002) 0 (2001) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2004) 0 (2003) 0 (2002) 0 (2001) 0					
c Add: Amounts from column (e) for lines:	15	16	17	20	
0	0	0	0	0	
d Add: Line 27a total and line 27b total ▶					27c 0
e Public support (line 27c total minus line 27d total) ▶					27d 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27e 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27f 0
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27g 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					27h 0.00%

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Other exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions. N/A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

St. John's Educational Thresholds Center
23-7172909
Year Ended June 30, 2006

Statement 1
Part II, Line 42
Part IV, Line 57b
Fixed Asset Schedule

Property and equipment at June 30, 2006 consist of the following:

Equipment	\$ 132,743
Furniture and fixtures	33,502
Less accumulated depreciation	<u>(154,832)</u>
Total	<u>\$ 11,413</u>

St. John's Educational Thresholds Center
23-7172909
Year Ended June 30, 2006

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Statement 2
Form 990
Part V-A
List of Officers, Directors, Trustee, and Key Employees

Jenna Ervice
Steve Griffiths
Kathy Humphreys
Shireen Lee
Joe Lima
Claudia Viek
Ramiro Maldonado

All officers and directors serve approximately 4-6 hours per month without compensation.

The address for all officers and directors is: 3040 16th Street
San Francisco, CA 94103

St. John's Educational Thresholds Center
23-7172909
Year Ended June 30, 2006

Statement 3

Part I, Line 8c

Sales of assets other than inventory

	<u>Shares</u>	<u>Date Sold</u>	<u>Cost</u>	<u>Proceeds</u>	<u>Net Gain (Loss)</u>
Consolidated Edison	95	10/19/05	4,393	4,207	(186)
Pfizer Inc.	68	10/19/05	1,875	1,619	(256)
Zebra Technologies	16	10/19/05	700	569	(131)
Merck & Co.	150	10/19/05	4,082	4,048	(34)
			<u>11,050</u>	<u>10,443</u>	<u>(607)</u>

St. John's Educational Thresholds Center
23-7172909
Year Ended June 30, 2006

Statement 4
Part II Line 22
Grants

Transfer of furniture and cash to the Organization's new lead agency, Mission Neighborhood Centers.

Furniture	11,354
Cash	<u>4,532</u>
	<u><u>15,886</u></u>

California Exempt Organization Annual Information Return

2005

199

For calendar or fiscal year beginning month 7 day 1 year 2005, and ending month 6 day 30 year 2006

IMPORTANT: Your number is required. California corporation number D-0644079 Federal employer identification number (FEIN) 23-7172909 Corporation/Organization name St. John's Educational Thresholds Center Address 3040 16th Street San Francisco CA 94103

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance Due. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-14).

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations
16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents
17 Is the organization exempt under R&TC Section 23701g? If "Yes," enter amount of gross receipts from nonmember sources \$
18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? If "Yes," enter amount of total income reported \$

19 The financial records are in care of The Organization Daytime telephone 415-864-5205 located at 3040 16th Street San Francisco, CA 94103

Please Sign Here: Signature of officer, Date, Title, Daytime telephone. Paid Preparer's Use Only: Crosby & Kaneda, Certified Public Accountants, 1611 Telegraph Ave., Ste 318 Oakland, CA 94612, 94-3243888, 510-835-2727

St. John's Educational Thresholds Center
23-7172909
Year Ended June 30, 2006

Form RRF-1

Part B 6.
Government Funder

California Department of Health and Human Services
P.O. Box 997413
Sacramento, CA 95899
Contact: Rhonda Lee Hansen
Ph: 916-650-0343

San Francisco Unified School District
555 Franklin Street
San Francisco, CA 94102
Contact: Andrea Bustamante
Ph: 415-242-2615

City and County of San Francisco
Department of Children Youth and their Families
1390 Market Street, Ste 900
San Francisco, CA 94102
Contact: Lina Morales
415-554-8430

City and County of San Francisco
Mayor's Office of Community Development
1 So. Van Ness Avenue
San Francisco, CA 94102
Contact: Gloria Woo
Ph: 415-701-5500

Part B 9

The Organization's financial statements were audited in accordance with generally accepted auditing standards for the year ended June 30, 2006.

The auditors (Crosby & Kaneda) expressed an unqualified opinion and determined that the financial statements were fairly stated in all material respects in conformity with generally accepted accounting principles.